

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/507491

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		0		1		
7		0		1		
8		0		1		
9		6		1		
10		6		1		
11		0		1		
12		0		1		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		4		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
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48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	28	←	22	←		←
TOTAL CLAIMS	30		24			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						